

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/500 S 65 FILING DATE

APPLICANT(S)

9/20/88

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4			1			
5			1			
6			1			
7			1			
8			1			
9			1			
10			1			
11			1			
12			1			
13			1			
14			2			
15			2			
16			1			
17			1			
18			1			
19			1			
20			1			
21			1			
22			1			
23			1			
24			1			
25			1			
26			1			
27			10			
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50						
TOTAL IND.			2			
TOTAL DEP.			37			
TOTAL CLAIMS						

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TOTAL CLAIMS				